U.S, Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. Fila Number U - 2556	2. Fiscal Year Covered From:
·	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Robert Szeflinski	Name Chicago Regional Council of Carpenters
	Labor Organization File Number 0001-949
P.O. Box, Bldg., Room No., if any Suite 1	P.O. Box, Building and Room Number, if any
Street N 25 W23055 Paul Road	Street 12 Bast Brie
City Pewaukee	City Chicago
State Wisconsin ZIP Code + 4 53072	State Illinois ZIP Code + 4 50511
5. Position in labor organization. Business Rep/Organizer Local	344
	ouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions): or derived income or other economic benefit of ition represents or is actively seeking to represent.
(except as specified in the except as specified in the except. A. Held an interest in, engaged in transactions (including loans) with, or	clusions set forth in the Instructions): or derived income or other economic benefit of
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(except as specified in the except as specified in the except as specified in the except and interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization. 5. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	r derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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(except as specified in the except and interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization. Name and address of Employer (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature and verification, The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	rederived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount.

Name of Person Filing Robert Szeflinski	File Number U- 2556
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or rindirectly to, or otherwise
8. Name and address of Business (Including trade name, If any).	9. Business deals with:
Name Whitfield & McGann	7 T
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., If any Suite 1601	b. Trust
Street Two North LaSalle	c. Employer
A A STANCE OF THE STANCE OF TH	
City Chicago State Illinois ZIP Code + 4 60602	
Sale IIIIIII	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Received ham during the Holiday Season; 12/04.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing. \$44. 12.a. Nature of interest held or income received.
State ZIP Code + 4	12.8. reading of interest had of incume received.
Language and the second	
	12.b. Amount,
C. Received from any employor (other than an employer covered upon from any labor relations consultant to an employer any payment of mo	
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.
Name !	
Trade Name, If any: {	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13 h le the Buciness on Employer	14.b. Amount of payment
13.b. Is the Business an Employer or Consultant ?	And the second s

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

obert Sellenski 6-29-05
nature Date